MAPLEWOOD CENTER

8615	WEST	BELOIT	ROAD
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WEST ALLIS 53227	Phone: (414) 607-4100		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with H	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Sta	affed (12/31/02):	150	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity ((12/31/02):	163	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/	′02 :	143	Average Daily Census:	144
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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)									
Home Health Care	No	Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	52.4				
Supp. Home Care-Personal Care	No					1 - 4 Years	28.0				
Supp. Home Care-Household Services	No	Developmental Disabilities	0.7	Under 65	0.0	More Than 4 Years	19.6				
Day Services	No	Mental Illness (Org./Psy)	35.0	65 - 74	6.3						
Respite Care	No	Mental Illness (Other)	2.8	75 - 84	30.1		100.0				
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	52.4	*********	******				
Adult Day Health Care No		Para-, Quadra-, Hemiplegic 0.7 95 % Over 11.2 Full-Tir					ime Equivalent				
Congregate Meals No		Cancer 0.0				- Nursing Staff per 100 Residents					
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)					
Other Meals	No	Cardiovascular	3.5	65 & Over	100.0						
Transportation	No	Cerebrovascular	12.6			RNs	17.1				
Referral Service	No	Diabetes	0.7	Sex	9	LPNs	9.8				
Other Services	No	Respiratory	2.8			Nursing Assistants,					
Provide Day Programming for		Other Medical Conditions	41.3	Male	17.5	Aides, & Orderlies	34.9				
Mentally Ill	No			Female	82.5						
Provide Day Programming for		1	100.0								
Developmentally Disabled	No				100.0						
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Method of Reimbursement

		edicare		Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	21	100.0	283	42	100.0	121	0	0.0	0	75	94.9	228	0	0.0	0	1	100.0	289	139	97.2
Intermediate				0	0.0	0	0	0.0	0	4	5.1	228	0	0.0	0	0	0.0	0	4	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		42	100.0		0	0.0		79	100.0		0	0.0		1	100.0		143	100.0

Admissions, Discharges, and Deaths During Reporting Period

Percent Admissions from:

Private Home/No Home Health
Private Home/With Home Health
Private Home/With Home Health
Private Home/With Home Health
Private Home/With Home Health
Private Home/No Home

************************* Ownership: Bed Size: Licensure:
This Nonprofit 100-199 Skilled All
Facility Peer Group Peer Group Peer Group Facilities
% Ratio % Ratio % Ratio % Ratio Occupancy Rate: Average Daily Census/Licensed Beds 87.8 85.6 1.03 88.6 0.99 84.2 1.04 85.1 1.03 Current Residents from In-County 97.9 88.1 1.11 85.4 1.15 85.3 1.15 76.6 1.28 Admissions from In-County, Still Residing 15.3 23.6 0.65 18.6 0.82 21.0 0.73 20.3 0.76 Admissions/Average Daily Census 339.6 134.2 2.53 203.0 1.67 153.9 2.21 133.4 2.55 Discharges/Average Daily Census 38.2 140.2 2.41 202.3 1.67 156.0 2.17 135.3 2.50 Discharges/Average Daily Census 338.2 140.2 Discharges To Private Residence/Average Daily Census 133.3 46.8 2.85 76.5 1.74 56.3 2.37 56.6 2.36 Residents Receiving Skilled Care 97.2 90.1 1.08 93.5 1.04 91.6 1.06 86.3 1.13

 Residents Receiving Skilled Care
 97.2
 90.1
 1.08
 93.5
 1.04

 Residents Aged 65 and Older
 100
 96.3
 1.04
 93.3
 1.07

 Title 19 (Medicaid) Funded Residents
 29.4
 52.8
 0.56
 57.0
 0.52

 Private Pay Funded Residents
 55.2
 34.8
 1.59
 24.7
 2.23

 Developmentally Disabled Residents
 0.7
 0.6
 1.12
 1.0
 0.69

 Mentally Ill Residents
 37.8
 35.2
 1.07
 28.5
 1.32

 General Medical Service Residents
 41.3
 23.7
 1.74
 28.9
 1.43

 Impaired ADL (Mean)
 55.1
 50.5
 1.09
 50.9
 1.08

 Psychological Problems
 58.0
 54.7
 1.06
 52.9
 1.10

 Nursing Care Required (Mean)
 6.8
 7.2
 0.95
 6.8
 1.00

 100 96.3 29.4 52.8
 1.04
 93.3
 1.07
 91.5

 0.56
 57.0
 0.52
 60.8
 1.09 87.7 1.14 0.48 67.5 0.44 23.4 2.36 21.0 2.63
 0.7
 0.6
 1.12
 1.0
 0.69
 0.8
 0.87
 7.1
 0.10

 37.8
 35.2
 1.07
 28.5
 1.32
 32.8
 1.15
 33.3
 1.13

 41.3
 23.7
 1.74
 28.9
 1.43
 23.3
 1.77
 20.5
 2.01

 50.5
 1.09
 50.9
 1.08
 51.0
 1.08
 49.3
 1.12

 54.7
 1.06
 52.9
 1.10
 53.9
 1.08
 54.0
 1.07
 0.95 6.8 1.00 7.2 0.95 7.2 0.95